

Sybil Brand Commission For Institutional Inspections

| Courts_ | Jail | s Prob | ation Camps_ | Sheriff | Stations |
|-------------------------|------------|---------------|----------------|---------------|----------------------|
| COMMISSIONER(S): | | | | TIME | DATE |
| FACILITY NAME: | | | | | |
| ADDRESS: | | | | | |
| OFFICER IN CHARGE: | | | | | |
| ESCORT: | | | | | |
| CAPACITY: | | | | | |
| RATING: E = Exce | ellent G = | Good S = Sati | sfactory U = U | nsatisfactory | N/A = Not Applicable |
| ITEMS | | RATING | | COMMEN | TS |
| CLEANLINESS: Kitche | n | | | | |
| Showe | rs | | | | |
| Toilets | | | | | |
| FOOD: | | | | | |
| TRUSTEE QUARTERS: | | | | | |
| LIGHTING: Emerge | ency | | | | |
| Regula | r | | | | |
| MEDICAL SERVICE: | | | | | |
| TELEPHONE AVAILABILITY: | | | | | |
| ED/VOCATIONAL TRAINING: | | | | | |
| GRAFITTI: | | | | | |
| MAINTENANCE: Buildin | ıg | | | | |
| Ground | ds | | | | |
| PROBLEMS: | | | | | |
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| STAFFING LEVELS | ADEQUATE | INADEQUATE |
|-------------------------------------------------------------------|------------|------------------------|
| LOCATION SPECIFIC & OTHER RELEVANT TRAINING | COMPLIANCE | NON-COMPLIANCE |
| FACILTY ORIENTATION CHECK OFF LIST FOR NEW AND OVERTIME EMPLOYEES | YES 🗆 | NO 🗆 |
| ALL RECENT USE OF FORCE (Last 30 days) | YES | NO 🗆 |
| RECENT ASSAULT ON STAFF (Last 30 days) | YES | NO IF YES, HOW MANY? |
| IS THERE TURNOUT GEAR? | YES | NO 🗆 |
| IS IT SIZE APPROPRIATE? | YES 🗆 | NO 🗆 |
| RADIO WORKS INSIDE FACILTIY ADEQUATELY | YES 🗆 | NO 🗆 |
| REPEATER(S) FUNCTIONING? (ANTENNA) | YES 🗆 | NO 🗆 |
| A-PHONE OPERABLE (COURTHOUSE) | YES 🗆 | NO 🗆 |
| APPROPRIATE FIRE CLEARANCE MAINTAINED (CAMPS) | YES 🗆 | NO 🗆 |
| UNFILLED BACK LOG ORDER(S) (MAINTENANCE/EQUIPMENT) | YES 🗆 | NO □ LENGTH OF TIME? |
| PRIOR COMMAND INSPECTIONS | YES | NO DATE CONDUCTED |
| PRIOR GRAND JURY INSPECTON | YES 🗆 | NO DATE CONDUCTED |
| PRIOR CUSTODY SUPPORT INSPECTION | YES | NO 🗆 |
| JUVENILE JUDGES INSPECTION | YES 🗆 | NO 🗆 |
| DEPARTMENT POLICY & PROCEDURES MANUAL | YES 🗆 | NO 🗆 |
| TITLE 15 INFORMATION | YES 🗆 | NO 🗆 |
| EVACUATION PLAN (POSTED) | YES | NO 🗆 |
| SAFETY DRILLS CONDUCTED | YES 🗆 | NO DATE CONDUCTED |
| FIRST AID KIT | YES | NO 🗆 |
| SUICIDE KIT | YES | NO 🗆 |
| FACILITY MEDICAL & DENTAL EQUIPMENT OPERABLE | YES 🗆 | NO 🗆 |
| FEES ASSESSED TO INMATES | YES | NO 🗆 |
| REPORT TO BOARD OF SUPERVISORS: | YESNO_ | |
| REPORT TO PROBATION DEPT: YES | NO SP | ECIAL FOLLOW-UP: YESNO |
| COMMENTS: | | |
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